

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212522049					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA 23219</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MD</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2012</p> <p>SCC ID NO: F0267734</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: ONE KAISER PLAZA</p> <p style="margin-left: 40px;">CITY/ST/ZIP: OAKLAND, CA 94612</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MARILYN J KAWAMURA TITLE: REGIONAL PRES ADDRESS: 2101 E JEFFERSON ST CITY/ST/ZIP/CO: ROCKVILLE, MD 20852 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: MARILYN J KAWAMURA TITLE: REGIONAL PRES ADDRESS: 2101 E JEFFERSON ST CITY/ST/ZIP/CO: ROCKVILLE, MD 20852	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: CHRISTINE K CASSEL, MD TITLE: DIRECTOR ADDRESS: 1 KAISER PLAZA CITY/ST/ZIP/CO: OAKLAND, CA 94612	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	THOMAS W CHAPMAN, EDD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	DANIEL P GARCIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	WILLIAM R GRABER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	J EUGENE GRIGSBY, III, PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	GEORGE C HALVORSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	JUDITH A JOHANSEN, JD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	KIM J KAISER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	PHILIP A MARINEAU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	JENNY J MING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	EDWARD PEI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		
NAME:	J NEAL PURCELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA A TELLES, PHD DIRECTOR 1 KAISER PLAZA OAKLAND, CA 94612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEG PORFIDO, JD DIRECTOR 1 KAISER PLAZA OAKLAND, CA 94612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ VICTORIA B ZATKIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VICTORIA B ZATKIN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/13/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			